THIS SPACE FOR OFFICE USE ONLY

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

RECEIVED

STATE STATE OF HAM

AT A TE STATE OF HAM

THE STATE OF H

LOBBYIST REGISTRATION FORM (Type or Print Clearly)

PARTI **LOBBYIST** NAME(Last) (First) (Middle) TELEPHONE ENDO-OMOTO Darcy L. 543-7333 MAILING ADDRESS (Street) FAX P. O. Box 2750 543-7412 (State) (City) (Zip Code)

(City) (State) (Zip Code)

Honolulu Hawaii 96840-0001

EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)

MAILING ADDRESS (Street)

FAX

(City) (State) (Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU L	TELEPHONE	
Hawaiian Electric Co	532-5860	
MAILING ADDRESS (Street)		FAX
P. O. Box 2750		532-5864
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96840-0001
NAME OF PERSON RESPONSIBLE F	OR PREPARING ORGANIZATION'S EXPENDITUR	ES STATEMENT TELEPHONE
Marcia Wright		532-5860
MAILING ADDRESS (Street)		FAX
P. O. Box 2750		532-5864
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96840-0001

<u>PA</u>	<u>RT</u>	III DESCRIPTION OF SUE	SJECTS UPON WHICH Y	<u> 100</u>	EXPECT TO LOBBY		
		Agriculture	Education		Human Services	XX	ζScience, Technology & Economic Development
Σ	XX	Communications & Public Utilities	Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation
Σ	XX	Consumer Protection & Commerce	Hawaiian Affairs		Labor & Employment	xx	Transportation
		Culture, Arts, Historic Preservation	Health	XX	Planning, Land & Water Use Management		Other: (indicate below)
2	XX	Ecology, Energy Environmental Protection	Housing		Public Safety & Corrections		

PART IV CERTIFIC	ATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
De	la	1/2/105				
	(Signature of Lobbyist)	(Date)				
PART V AUTHORIZ	ZATION TO LOBBY					
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTE	ED			
Molly M. Egged		Secretary				
NAME OF ORGANIZATION	N (if applicable)	TELEPHONE				
Hawaiian Elect	ric Company, Inc.	543-7728				
MAILING ADDRESS (Stree	et)	FAX				
P. O. Box 275	50	543-7523				
(City)	(State)	(Zip Code)	—			
(City)	(State)	(Zip Gode)				
Honolulu	Hawaii	96840-0001				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
\mathcal{N}	m M	1/31/05				
(Signatu	re of Authorizing Officer or Person Represe	nted) (Date)				